Additional Slides for

CASE REVIEW COMMITTEE TRAINING

INTAKE

Intake

- **Receive reports from a variety of sources**
- **Eligibility for FAP**
  - **Victim or offender is military medical beneficiary**
  - **Current allegation of abuse/neglect or imminent risk**
    - **Within past six months**
    - **Exception: No time limit for child sexual abuse**
    - **Imminent harm: dangerous situation in which harm could occur at any moment**

Information & Referral (I&R) Reports

- Non-eligible reports
- Reports that meet the criteria for non-reporting
- Reports involving only retirees

- Consultation, information, and/or referrals provided

SAFETY ASSESSMENT & RESPONSE

Safety Assessment

- **Conducted by clinician to determine:**
  - **Degree of severity**
  - **Imminent risk of harm**
  - **Immediacy/intensity of response**
  - **Safety planning & interventions**
  - **Handling as FINS (Family in Need of Services) or open FAP case**
- **Considers available information from victim, offender, reporter, command, other involved agencies/individuals**

Factors Considered in the Safety Assessment

- Dangerous acts committed
- Access to victim & immediate risk
- Use of weapon or object
- Threats of serious harm to self/others
- Significant abuse related harm
- Failure to meet basic needs

Factors Considered in the Safety Assessment (Cont)

- Victim vulnerability
- Pattern of abusive behavior
- Prior FAP or child protection reports
- Use of alcohol or drugs
- Fear of caretaker or spouse
- Non-protective non-offending parent
- Other factors affecting safety

Safety Assessment Guidelines

- **Any factors 1-6 present**
  - **Immediate response**
  - **Full assessment required**
- **Only factors 7-13 present**
  - **Prioritized response**
  - **Determine level of assessment needed**
- **No factors present**
  - **No immediate response warranted**
  - **Normally designated as a FINS case**

Safety Assessment Outcomes

- **FINS**
  - No safety assessment factors 1-6 present
  - Risk level assessed as moderately low or lower
  - Clinical judgment that full assessment not needed
  - Next step: Present to CRC for concurrence
- **Open FAP case**
  - Safety assessment factors 1-6 present
  - Risk level assessed as moderate or above
  - Any incidents of child abuse in DoD child care
  - Next step: Conduct full risk focused assessment

Notifications

- Commands
  - If case opened or reported to outside agency
  - Not otherwise required for FINS
- Child Protective Services: Child abuse/neglect
- NAVPERSCOM: Child sexual abuse, fatalities
- NCIS: Child sexual abuse, major injury, weapons, felonies

Safety Response

- **Command Actions:**
  - **MPO; Escort; Assign to barracks**
- **Safety Interventions:**
  - **Child removed from home; safety planning; Victim Advocate services; Restraining order**
- **Police Reports (military/civilian)**
- **Referrals:**
  - **Shelters; Medical; Legal; Court; Counseling**
- **Services: FFSC classes/counseling**

FAP Victim Advocate

- **Provides services to spouse victims:**
  - **Crisis intervention**
  - **Safety assessment & planning**
  - **Information**
  - **Non-emergency transportation to:**
    - **Shelters, medical, legal, support group**
  - **Accompaniment to:**
    - **investigative agencies, court appearances**
  - **Advocacy**
  - **Follow-up**

ASSESSMENT

FAP Risk Focused Assessment

- Conducted by FAP clinician
- Based on all available information: reports, interviews, assessments , investigations
- Assessment gives:
  - Risk factors to be targeted for intervention (rated as Moderate or above)
  - Strengths & protective factors
  - Assessment of risk:
    - Likelihood of future abuse
    - Likely severity if abuse recurs
    - Overall level of risk
  - Intervention plan

FAP Risk Focused Assessment (Cont)

- Assesses factors in 7 areas
  - Incident
  - Victim Characteristics
  - Alleged Offender Characteristics
  - Victim/Offender Interaction
  - Environmental Factors
  - Non-Offending Caretaker
  - Non-Offending Caretaker/Victim Interaction
- Rates each factor: Strength to High risk

Risk Focused Assessment Outcomes

- **FINS**
  - **Overall level of risk assessed as moderately low or lower**
  - **Clinical judgment that handling case as a FINS is appropriate**
  - **Next step: present to CRC for concurrence**
- **Open FAP case**
  - **Overall level of risk assessed as moderate or above**
  - **Overall level of risk assessed as moderately low or lower but FINS handling not appropriate due to nature of the incident and/or circumstances**
  - **Any incidents of child abuse in DoD child care**
  - **Next step: present to CRC for determination**

CASE REVIEW COMMITTEE

Pre-CRC Notifications

- Contact POC to schedule attendance

- 7 Day Advance Written Notification
  - To SM, via command
  - To civilian family member
  - Due Process Rights:
    - Advised of nature of allegation
    - Written statement to CRC
    - Command Rep present
    - Written description of FAP & outcomes
    - Request review of CRC decision

Case Review Committees

- Must meet at least monthly
- Multidisciplinary: Up to 8 permanent members
  - 5 required permanent core voting members:
    - Physician
    - Line Officer (0-4 or above)
    - Family Advocacy Representative
    - Mental Health Provider
    - Judge Advocate
  - Chair: clinically privileged MTF staff member
  - Up to 3 optional permanent members
- The 5 core members (or alternates) must be present to conduct a meeting

Case Review Committees (Cont)

- **Consultants:**
  - **Command Rep; others with case specific information (Victim advocate, child protection, counselor)**
  - **Provide information and participate in discussion but do not vote**
- **Victims, offenders, family members, and/or their representatives may not attend**
- **Appointment: Members must be appointed in writing by the CO**
- **Training requirements for members:**
  - **16 hours within 6 months of appointment**
  - **24 hours annually**

Responsibilities: All Members

- Read and have a good working knowledge of OPNAVINST 1752.2A
- Bring copy of OPNAVINST to CRC and refer to it when in doubt
- Be prepared and on time
  - Ensure your alternate attends in your absence
- Actively participate
- Review and interpret findings/statements/ reports relevant to your discipline
- Obtain training to meet requirement

Responsibilities: Chair

- **Provide Leadership and accountability**
  - **Start meeting on time**
  - **Ensure core members present for meeting**
  - **Make introductions as needed**
  - **Keep meeting organized and focused**
  - **Facilitate discussions & decision making**
  - **Set limits as needed**
  - **Ensure appropriate information considered**
  - **Ensure risk assessment information utilized**
- **Review/sign CRC minutes**

Responsibilities: Physician

- Advise regarding medical aspects of abuse
- Review and interpret medical findings
  - Medical Records, Labs, X-rays, CT, MRI, photographs; consult primary care physician, specialists as needed
- Knowledge of biomechanics of injury, timing of injury and other current research
- Ensure actual medical reports are obtained whenever possible vice relying upon verbal (often second hand) descriptions of the findings.

Responsibilities: JAG

- Advise regarding legal aspects of abuse incidents
- Review and interpret legal, law enforcement, and security information
- Provide advice regarding DoN regulations and civilian laws
  - Jurisdictional issues
  - Standards/burdens of proof
  - Statute of limitations
- Recommend actions to protect victim and restrain alleged offender
- Advise of potential punitive and/or administrative actions

Responsibilities: Mental Health Provider

- Advise on mental health aspects of child/spouse abuse
- Review and interpret relevant mental health information and reports
- Advise regarding need for mental health evaluations/interventions

Responsibilities: Line Officer

- Provide expertise on Navy mission and line perspective
- Advise regarding command operational requirements
  - Evaluate feasibility of intervention plan

Responsibilities: FAR

- Provide clinical expertise on dynamics of family violence
- Ensure case assessment/preparation is complete prior to CRC
  - CRC presentation forms are thorough/accurate
  - Supporting documents are available for review
- Ensure cases presented in timely manner initially and for quarterly reviews and closure
- Ensure compliance with CRC requirements (e.g., notifications, command participation, decision review)
- Facilitate provision of recommended interventions and monitor case progress

Responsibilities: Command Rep

- Attend CRC as a non-voting consultant for the specific case(s) assigned to his command
- Represent the CO and command interests, not the SM
- Provide relevant information on SM and command mission
- Participate in the discussion

CRC Responsibilities

- **Review all available case information**
- **Purpose:**
  - **FINS: for quality assurance review**
  - **FAP: for determination, quarterly reviews, closure/transfer**
- **Case normally considered within 90 days of report**

FINS Quality Assurance Oversight

- **Decision: Is this case appropriately designated as a FINS case?**
  - **Overall risk is moderately low or lower**
  - **Ongoing monitoring by FAP not needed**
  - **Command mandates for recommendations not needed**
- **Options:**
  - **Concur with FINS designation**
    - **Make recommendations as needed**
  - **Request additional information**
    - **Case brought back as FINS or open FAP case based on results of additional information obtained**
  - **Non-concur with FINS designation**
    - **Case brought back as an open FAP case**

Case Status Determinations

- **Made for open FAP cases**
  - **New, reopen, subsequent incidents**
  - **Separate determinations in multiple offender cases and multiple victim cases**
- **Simple majority of voting members**
- **Standard: Preponderance of information**
- **Clinical/administrative process, not legal**
- **Input of members and consultants need not be given equal weight in considerations -- Expertise Counts!**
- **Specify basis for determination**

Case Status Determination Options

- **Unsubstantiated - did not occur:**
  - **Allegation not supported by available information**
  - **Allegation does not meet definition**
  - **Family needs no FAP services**
- **Unsubstantiated - unresolved:**
  - **Information insufficient to support allegation**
  - **May be unable to obtain reliable information**
    - **Family or witnesses unavailable; victim coerced; long time elapsed since incident**
  - **Family may benefit from services (voluntary)**

Case Status Determination Options (Cont)

- **Pending:**
  - **Further investigation/information needed for decision**
  - **Should be used whenever additional pertinent information can reasonably be obtained**
- **Substantiated:**
  - **Preponderance of available information indicates that abuse/neglect occurred**
    - **Information that supports the occurrence of abuse is of greater weight, or more convincing, than the information that indicates that it did not occur**

CRC Decision #1

- **Is this an incident of abuse/neglect?**
  - **Information needed from interviews, reports, investigations by: Medical, FAP and other social services, Child Protective Services, law enforcement**
  - **Reasonable attempts should be made to obtain needed information**
  - **Definitions of abuse/neglect should be considered**
  - **Recantation should be considered within context of all available information**

CRC Decision #2

- **Who committed the abuse or neglect?**
  - **Information needed: CPS reports, police/investigator reports, FAP and social service interviews, medical, etc.**
  - **In child cases, there may be multiple offenders or an unknown offender**
  - **In spouse cases, the term mutual abuse shall not be used**
    - **Identify the primary offender or make determinations on both spouses**

Common Question

- Why are CRC determinations occasionally different from civilian child protection or court findings?
  - Different criteria for case acceptance
  - Different definitions
  - Different decision making criteria
  - Different standard of evidence
  - Different information
- CRC considers child protection and court findings but is not constrained by those findings

CRC Decision #3

- **What interventions are needed?**
  - **Information needed: Social services, medical, legal, police/investigator, command, FAP**
  - **Risk Assessment must be used as basis**
    - **May use CRC Spouse and Child Decision Matrices**
  - **Consider interventions for the victim, offender, and other family members**
    - **Tailored to abuse type, severity, and risk**
    - **Counseling, educational & support programs**
    - **Ensure all children in family receive assessment and any needed interventions**

CRC Decision #3 (Cont)

- What interventions are needed? (Cont)
  - Consider any command actions needed, including appropriate administrative or disciplinary action but do not specify type
  - Consider whether the case should be flagged
- Compliance with recommendations is voluntary
  - FINS cases
  - Unsubstantiated cases
  - Victims (regardless of case type/determination)

Assignment Control Flags

- **Duration: up to 1 year**
- **For substantiated cases involving active duty Navy sponsors**
  - **Exception: PERS-8 sets flags in child sexual abuse cases involving active duty Navy alleged offenders**
- **Required for:**
  - **MH or above - 1st incident**
  - **M or above - repeat incident**
  - **Juvenile sex offender cases**
- **Purpose:**
  - **Keep family in place during assessment/intervention**
  - **Protect victims**
  - **Support overseas screening process**

CRC Minutes

- CRC will maintain written minutes of each case
  - Names of the alleged offender and victim
  - Disciplines present
  - How each discipline voted, to include any dissenting opinions
  - Information/documents considered & relied upon
  - Basis for the CRC findings
  - Determination, recommendations, other decisions
- This record will be forwarded to NPC (PERS-661) for cases where review of CRC decision is requested